

***ENGLISH TRANSLATION***

***OF THE***

***BUDAPEST TREATY ON THE***

***INTERNATIONAL RECOGNITION OF***

***THE DEPOSIT OF MICROORGANISMS***

***FOR THE***

***PURPOSES OF PATENT PROCEDURE***

***INTERNATIONAL BIOLOGICAL***

***MATERIAL DEPOSIT CERTIFICATE***

***(DSM ACC2714)***

**BUDAPEST TREATY ON THE INTERNATIONAL  
RECOGNITION OF THE DEPOSIT OF MICROORGANISMS  
FOR THE PURPOSES OF PATENT PROCEDURE**

**INTERNATIONAL FORM**

TO

Institut für Neuropathologie  
Heinrich Heine Universität Düsseldorf  
Mooresstrasse 5  
40225 Düsseldorf

RECEIPT IN THE CASE OF AN ORIGINAL DEPOSIT  
issued pursuant to Rule 7.1 by the  
INTERNATIONAL DEPOSITARY AUTHORITY  
identified at the bottom of this page

NAME AND ADDRESS  
OF DEPOSITOR

<b>I. IDENTIFICATION OF THE MICROORGANISM</b>	
Identification reference given by the DEPOSITOR:  9C9	Accession number given by the INTERNATIONAL DEPOSITARY AUTHORITY:  DSM ACC2714
<b>II. SCIENTIFIC DESCRIPTION AND/OR PROPOSED TAXONOMIC DESIGNATION</b>	
The microorganism identified under I above was accompanied by:  <input checked="checked" type="checkbox"/> a scientific description  <input type="checkbox"/> a proposed taxonomic designation  (Mark with a cross where applicable)	
<b>III. RECEIPT AND ACCEPTANCE</b>	
This International Depositary Authority accepts the microorganism identified under I above, which was received by it on 2005-01-26 (date of the original deposit) <sup>1</sup>	
<b>IV. RECEIPT OF REQUEST FOR CONVERSION</b>	
The microorganism identified under I above was received by this International Depositary Authority on (date of the original deposit) and a request to convert the original deposit to a deposit under the Budapest Treaty was received by it on (date of receipt of request for conversion)	
<b>V. INTERNATIONAL DEPOSITARY AUTHORITY</b>	
Name: DSMZ-DEUTSCHE SAMMLUNG VON MIKROORGANISMEN UND ZELLKULTUREN GmbH  Address: Mascheroder Weg 1b D-38124 Braunschweig	Signature(s) of person(s) having the power to represent the International Depositary Authority or of authorized official(s):  Date: 2005-02-03

<sup>1</sup> Where Rule 6.4(d) applies, such date is the date on which the status of international depositary authority was acquired.

BUDAPEST TREATY ON THE INTERNATIONAL  
RECOGNITION OF THE DEPOSIT OF MICROORGANISMS  
FOR THE PURPOSES OF PATENT PROCEDURE

INTERNATIONAL FORM

TO

Institut fur Neuropathologie  
Heinrich Heine Universitat Dusseldorf  
Morrenstrasse 5  
40225 Dusseldorf

VIABILITY STATEMENT  
issued pursuant to Rule 10.2 by the  
INTERNATIONAL DEPOSITARY AUTHORITY  
identified on the following page

NAME AND ADDRESS OF THE PARTY  
TO WHOM THE VIABILITY STATEMENT  
IS MADE

<b>I. DEPOSITOR</b>  Name: Institut fur Neuropathologie Heinrich Heine Universitat Dusseldorf  Address: Morrenstrasse 5 40225 Dusseldorf	<b>II. IDENTIFICATION OF THE MICROORGANISM</b>  Accession number given by the INTERNATIONAL DEPOSITARY AUTHORITY:  <b>DSM ACC2714</b>  Date of the deposit or of the transfer: <sup>1</sup>  <b>2005-01-26</b>
<b>III. VIABILITY STATEMENT</b>  The viability of the microorganism identified under II above was tested on _____ <sup>2</sup> . On that date the said microorganism was  <input checked="checked" type="checkbox"/> <sup>3</sup> viable  <input type="checkbox"/> <sup>3</sup> no longer viable	

<sup>1</sup> Indicate the date of the original deposit or, where a new deposit or a transfer has been made, the most recent relevant date (date of the new deposit or date of the transfer).

<sup>2</sup> In the cases referred to in Rule 10.2(a)(ii) and (iii), refer to the most recent viability test.

<sup>3</sup> Mark with a cross the applicable box.

IV. CONDITIONS UNDER WHICH THE VIABILITY TEST HAS BEEN PERFORMED <sup>4</sup>	
V. INTERNATIONAL DEPOSITARY AUTHORITY	
Name: DSMZ-DEUTSCHE SAMMLUNG VON MIKROORGANISMEN UND ZELLKULTUREN GmbH  Address: Mascheroder Weg 1b D-38124 Braunschweig	Signature(s) of person(s) having the power to represent the International Depositary Authority or of authorized official(s):    Date:

<sup>4</sup> Fill in if the information has been requested and if the results of the test were negative.